



***Benefits Administration Letter***

**Number:** 17-203

**Date:** August 17, 2017

**Subject: Federal Employees Health Benefits (FEHB) Program Enrollment of Seasonal, Part-time, or Intermittent Employees**

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On October 17, 2014, the Office of Personnel Management issued a final rule at 79 FR6325. This rule modified coverage eligibility under the Federal Employees Health Benefits (FEHB) Program to include certain temporary, seasonal, and intermittent employees beginning in January 2015. Under the regulation, temporary, seasonal and intermittent employees who are expected to work at least 130 hours in a calendar month for at least 90 days are eligible for FEHB coverage. See [BAL 14-210](#) for more information.

This letter provides further guidance on how to handle the enrollment of temporary, seasonal, or intermittent employees who were previously eligible based on the guidelines listed above, but did not enroll in FEHB coverage at their first opportunity. These employees now have the option of enrolling in FEHB coverage when their employment status changes (e.g. from temporary to fulltime). This change is a qualifying life event (QLE) for employees.

Title 5 CFR 890.301(h) states in part that an eligible employee may enroll and an enrolled employee may decrease or increase enrollment type, change from one plan or option to another, or make any combination of these changes when the employee's employment status changes. OPM considers a change from temporary, seasonal or intermittent to full-time to be a change in employment status under this provision.

Please use Event Code 1E on the SF 2809 to allow these employees to make enrollment changes when their employment status changes. For more information on coverage for temporary, seasonal and intermittent employees please visit <https://www.opm.gov/healthcare-insurance/healthcare/reference-materials/reference/eligibility-for-health-benefits/>.

Please contact Michael Kaszynski, Senior Policy Analyst at [michael.kaszynski@opm.gov](mailto:michael.kaszynski@opm.gov) if you have any questions. Thank you for your cooperation.

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